

OLIVER MATTHEWS(Name) 480 ALTA RD.P.O. Box 799005

(Address)

SAN DIEGO, CA. 92129

(City, State, Zip)

1K-39692

(CDC Inmate No.)

FILED

FEB 28 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY DAV DEPUTY**United States District Court
Southern District of California**OLIVER MATTHEWS JR.

(Enter full name of plaintiff in this action.)

Plaintiff,

v.
CALIFORNIA DEPARTMENT OF CORRECTIONS
COUNTY OF SAN DIEGO, CA.
R.J. Donovan State Prison of California

(Enter full name of each defendant in this action.)

Defendant(s).

2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HYP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	<input checked="" type="checkbox"/>

'08 CV 0383 WQH CAB

Civil Case No. _____

(To be supplied by Court Clerk)

Complaint under the
Civil Rights Act
42 U.S.C. § 1983**A. Jurisdiction**

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below.

B. Parties1. Plaintiff: This complaint alleges that the civil rights of Plaintiff, OLIVER MATTHEWS
(print Plaintiff's name)K39692, who presently resides at R.J. Donovan State
(mailing address or place of confinement)Prison of California 480 ALTA RD. SAN DIEGO
P.O. Box 799005 CA. 92129, were violated by the actionsof the below named individuals. The actions were directed against Plaintiff at R.J. DonovanState Prison of California on (dates) 12-21-2007, 12-21-2007, and 12-21-2007

(institution/place where violation occurred)

(Count 1)

(Count 2)

(Count 3)

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Mail room Personnel at
R.J. Donovan State Prison
Defendant CALIFORNIA DEPARTMENT OF resides in SAN DIEGO, CA.
(name) CORRECTIONS (County of residence)

and is employed as a Department of Corrections (Mail room Personnel). This defendant is sued in
(defendant's position/title (if any))

his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: Ineffective assistance; which is incompatible
with employment and adverse in effects of an illegal
nature thereof conduct of dis-loyalty and terroristic

Mail room Personnel responsible for distribution of legal mail to the courts.
Defendant _____ resides in _____
(name) (County of residence)

and is employed as a _____. This defendant is sued in
(defendant's position/title (if any))

his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: _____

Defendant _____ resides in _____
(name) (County of residence)

and is employed as a _____. This defendant is sued in
(defendant's position/title (if any))

his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: _____

Defendant _____ resides in _____
(name) (County of residence)

and is employed as a _____. This defendant is sued in
(defendant's position/title (if any))

his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
under color of law: _____

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: ACCESS TO COURTS
(E.g., right to medical care, access to courts,

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 1.]

I prisoner Matthews have been mailing legal documentations to San Diego's Superior Court's and not receiving any responses since December/2007. I have attached a copy of a letter sent back to me claiming that I've never had anything received at court.

I prisoner Matthews also have attached here of many efforts, which I've been making attempts unto receiving a copy of my "mailroom log card" for these such purposes - unto my personal as well as legal contents of record. (looking at attached documents) I am demonstrating how mailroom personnel of CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATIONS of the County of San Diego, CA. - R.J. Donovan State Prison of California has been demonstrating dis-loyalties to the call to duty designed of the California Code's of Regulations (CCR's Title 15.) and violating Due Processes of the law state/federal. I've been being biasly denied and therefore cruelly turned away of access that will give record of these legal mailings and therefore exhausting my remedies I am filing this complaint to the United States District Court of the Southern District of California.

Count 2: The following civil right has been violated: Due Process
(E.g., right to medical care, access to courts,

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 2.]

I prisoner MATTHEWS have been being denied the free access of law and to the court for Due Processes and rulings due to the bias and discriminating as well as Incompatibility demonstrated by this activity of mailroom personnel not forwarding (as requested) a copy of the mailroom log card of myself the Plaintiff (OLIVER MATTHEWS) and violating the department's code's of regulation of this State of California. This is violent, irritating, and denial of my due process to free access (as a ward of this state) of my own personal contents while under incarcerated conditions.

Count 3: The following civil right has been violated: Freedom from cruel and unusual punishment
(E.g., right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 3. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 3.]

I prisoner Matthews have been cruelly and unjustified in nature of these such conditions-through the activities demonstrated (SEE ATTACHED SHEET) which, have driven my blood pressure to rise, also anxiety which has come from the dis-loyalty and discomforts which also I am experiencing due to the inconveniences which mailroom personnel have been demonstrating and violating the state code of regulations (CCR's Title 15.) and State / federal law. I've also learned that my petition for Writ of Habeas Corpus has neither even been received in accordance with the letter attached with this complaint. This activity in association is a showing of why (as shown on attached documents) mailroom personnel is in violation of the due processes given of California's Code of Regulations (CCR's title 15) and state / federal laws-by continually being of non-compliance and to the call of duty which is of the department.

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? ☒ Yes ☐ No.

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:

Plaintiffs: OLIVER MATTHEWS JR

Defendants: K. BAKER - Hearings Officer for the Board of Parole
Hearings, State of California

(b) Name of the court and docket number: U.S. District Court Southern District

of California (San Diego) Civil Docket For Case #: 3:08-cv-00011-JES-PCL.

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] This case is

still pending.

(d) Issues raised: SSO Prisoner: Civil Rights

(e) Approximate date case was filed: 01-02-2008

(f) Approximate date of disposition: Still pending.

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ☒ Yes ☐ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought.

SEE ATTACHED FORMS

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s): any accesses of reprisal and retaliation, discrimination, all violent and/or malicious activities of adverse or Incompatible Activities diverse to human and/or Civil Rights to due processes of law being violated.
2. Damages in the sum of \$ _____.
3. Punitive damages in the sum of \$ 750,000.00.
4. Other: Pain and Suffering in the sum of \$600,000.00

F. Demand for Jury Trial

Plaintiff demands a trial by ☐ Jury ☐ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

02-27-2008

Date

Olin Matten

Signature of Plaintiff

There is no way of attempting to resolve the following issue of appeals except through the order; which, I've demonstrated on the following form and yet are being denied and thereof discriminated unto due process of law, violated of receiving proper code of conduct in accordance with Title 15.; and these demonstrations are neither resolving any problematic issue as I am demonstrating of this petition and cause's for the appeals coordinator isn't notifying the parties of concern and are thereof demonstration of discrimination of due processes; which, prejudices accountability and responsibilities to be exercised of such parties and therefore I am forwarding this emergency appeals.

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

October 11, 2007

MATTHEWS, K39692

F41800000000232U

Log Number: RJD-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinaries; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

FACILITY 4 PROGRAM

Appeals Coordinator

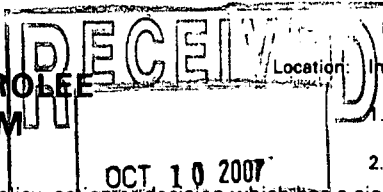
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
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INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)



Location: Institution/Parole Region

Log No.

Category

3 MAIL

1. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MATTHEWS	K39692	Reception	RICHARD J. DONOVAN FAG4/20-118

A. Describe Problem: Attn: Mailroom Sergeant, I prisoner MATTHEWS K39692 are forwarding this complaint to your office's due to circumstances which are demonstrating incompatible activities. I have sent numerous inmate requests and are asking to receive the indigent package which new arrivals of intake are entitled to receive of envelopes, writing paper in accordance with 3134 of the CCR's Title 15

If you need more space, attach one additional sheet.

B. Action Requested: I am requesting to receive my issue as an indigent prisoner and that I may continue to receive these issues each week as I've not yet received any of this indigent prisoner's issues from the mailroom as requested

Inmate/Parolee Signature: Olin Matthews Date Submitted: 10/05/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

January 4, 2008

MATTHEWS, K39692
F103DR000000316U

Log Number: RJD-3-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have failed to reasonably demonstrate that the issue you are appealing adversely affects your welfare, pursuant to CCR 3084.1(a).

SUBMIT AN INMATE REQUEST FOR INTERVIEW TO THE MAIL ROOM.

Appeals Coordinator
Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
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INMATE PAROLEE

APPEAL FORM

CDC 602 (12/87)

RICHARD I. DONOVAN CORR. FAC.

You may appeal any policy, procedure or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MATTHEWS	K3962	FAC-1	3/3164

A. Describe Problem: Attn: Mailroom Sergeant. I prisoner MATTHEWS are forwarding this complaint to your office's concerning an issue of un-answered inmate request of receiving my mailroom log card copy. I have sent three request during this month and also last month yet I am not receiving any response's and this is violent as well as violating prisoner/parolee's right's unto the due processes of law.

If you need more space, attach one additional sheet.

B. Action Requested: I am requesting immediate investigations unto this matter, and that I may receive a copy of my mailroom log card immediately.

Inmate/Parolee Signature: Dein Mattheys Date Submitted: 01-02-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

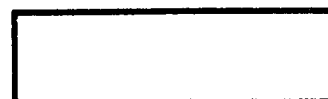
D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Prisoner/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

January 23, 2008

MATTHEWS, K39692

F103DR000000316U

Log Number: RJD-1-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You may only submit one (1) non-emergency appeal within a seven-calendar day period.

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
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**INMATE/PAROLEE
APPEAL FORM 1 8 2008**

CDC 602 (12/07)

RICHARD J. DONOVAN, CORR. FAC.

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

3M91

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MATTHEWS	K39692	UNASSIGNED-Unclassified	FAC-1 3/3164

A. Describe Problem: Attn: Appeals Coordinator, I prisoner MATTHEWS are forwarding this complaint in lieu of your office using it's service's in violation of the Constitution's 1st Amendment for prisoners (of my statis) to be abled to redress issues of appeal. My complaint is as of demonstration, I prisoner MATTHEWS forwarded an issue of appeal to the Mailroom Sergeant on 01-02-08. This appeal has never even been forwarded to the concerned

If you need more space, attach one additional sheet. (SEE ATTACHED SHEET)

B. Action Requested: I am requesting without any technicalities of this sort to receive the copy of my mailroom log card immediately due to a matter of legal importance's.

Inmate/Parolee Signature: Olin Mathu Date Submitted: 01-16-2008

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

(Continued of Sec A)

parties of the appeal; but returned of your office's (as demonstrated) in responses of "demonstrate how this subject has adversely affected my welfare." It is so demonstrated of this form of activity - that there is evidently a conspiring or deletion of due processes in accordance with the civil rights of prisoners with association of the California's Code of Regulations (CCR's Title 15,) sec. 3084.1. I prisoner MATTHEWS are saying this due to fact that if this appeal issue (the attached sheets) had been handled correctly you would have understood that: as written in my appeal there has been several occasions of I prisoner MATTHEWS sending in various inmate request for interview to mail room sergeant. There must exist as demonstrated of this complaint a prejudice or conspiring activity dis-allowing prisoner's the civility of examination and/or to redress matters of extreme importance. There is also appearing the violations and intrusions into prisoner's rights to privacy. I am saying this because (first of all) demonstrating the adverse affects - gives leeway unto opening areas of which I am requesting this mailroom log card unto a legal purpose. I also have written in my appeal that there is no response's unto inmate request for interview's unto the mailroom sergeant's office's. Therefore this form of action by the appeals coordinator is prejudicing cause's of perhaps many and therefore I am forwarding this complaint/appeals to your office's.

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

January 23, 2008

MATTHEWS, K39692

F103DR000000316U

Log Number: RJD-1-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

DUPLICATE ISSUE TO AN APPEAL SUBMITTED BY YOU DATED 11/27/07.

Appeals Coordinator

Richard J. Donovan Correctional Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

assistance and for seeking this accommodation for relief in this area of medical support. My contest is that the individual staff of whom appeals issues are of the concerns are not receiving the appeals - and thereof violation of the individual staff/employee as well as prisoners/parolees rights of corrections and/or correspondences as well as civility on matter of subjects aren't being subjected in it's proper form. Instead the fore-said appeals coordination are responding in area's without allowances of the proper channels to be of commerce. As described in the attached appeals; that on said date of 12-11-07 I were supposedly referred to Facility Provider, and due to cause of that such supervision were prescribed to happen monthly from first visit with facility provider in the month of 10-08-07. None of these referrals up to this time of 01-16-08 have happened and I prisoner MATTHEWS are found once and again having to forward an appeals concerning this issues which are demonstration of ineffective assistance as well as unprofessionalism in the call to duty. I prisoner Matthews still haven't once been seen of a physician unto my condition; and are thereof forwarding this complaint of appeals to your office's,



**SAN DIEGO SUPERIOR COURT
CENTRAL DIVISION
CRIMINAL OPERATIONS BUREAU
COUNTY COURTHOUSE • ROOM 2005
220 WEST BROADWAY
P.O. BOX 120128
SAN DIEGO, CALIFORNIA 92112-0128**

February 19, 2008

Oliver Matthews
CDC# K-39692
P.O. Box 799005
San Diego, CA 92179

Dear Mr. Matthews,

The court is in receipt of your correspondence. We are sorry to inform you that we have not received a petition in your name. I have enclosed a blank petition for your convenience in case you would like to resubmit your petition. Please be sure to fill out such information as name, case number, and original signature. You can also contact our Public line at (619) 531-3154.

Sincerely,

J. Hobbs
San Diego Superior Court
Attn: Habeas Corpus Desk
220 West Broadway
San Diego, CA 92101

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

I (a) PLAINTIFFS

Oliver Matthews Jr.

Mailroom Personnel FEB 28 2008

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF
(EXCEPT IN U.S. PLAINTIFF CASES)

San Diego

2254	1901
FILING FEE PAID	
Yes	No
HYP MOTION FILED	
Yes	No
COPIES SENT TO	
Court	708c

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(IN U.S. PLAINTIFF CASES ONLY)

FILED
FEB 28 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Oliver Matthews Jr.
PO Box 799005
San Diego, CA 92179
K-39692

'08 CV 0383 WQH CAB

II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | PT | DEF | | PT | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

V. NATURE OF SUIT (PLACE AN x IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 610 Agriculture	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 400 State Reappointment
<input type="checkbox"/> Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 362 Personal Injury-Medical Malpractice	<input type="checkbox"/> 620 Other Food & Drug	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	PROPERTY RIGHTS	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 630 Liquor Laws	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 450 Commerce/ICC Rates/etc.
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 640 RR & Truck	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	PERSONAL PROPERTY	<input type="checkbox"/> 650 Airline Regs	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 660 Occupational Safety/Health	SOCIAL SECURITY	<input type="checkbox"/> 810 Selective Service
<input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 861 HIA (13958)	<input type="checkbox"/> 850 Securities/Commodities Exchange
<input type="checkbox"/> 160 Stockholders Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 385 Property Damage Product Liability	LABOR	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 875 Customer Challenge 12 USC
<input type="checkbox"/> Other Contract	<input type="checkbox"/> 360 Other Personal Injury		<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 720 Labor/Mgmt. Relations	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 892 Economic Stabilization Act
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	<input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act	<input type="checkbox"/> 865 RSL (405(g))	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus	<input type="checkbox"/> 740 Railway Labor Act	FEDERAL TAX SUITS	<input type="checkbox"/> 894 Energy Allocation Act
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 530 General	<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)	<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 443 Housing/Accommodations	<input type="checkbox"/> 535 Death Penalty	<input type="checkbox"/> 791 Empl. Ret. Inc.	<input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice
<input type="checkbox"/> 240 Tort to Land	<input type="checkbox"/> 444 Welfare	<input type="checkbox"/> 540 Mandamus & Other	<input type="checkbox"/> Security Act		<input type="checkbox"/> 950 Constitutionality of State
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 440 Other Civil Rights	<input checked="" type="checkbox"/> 550 Civil Rights			<input type="checkbox"/> 890 Other Statutory Actions
<input type="checkbox"/> 290 All Other Real Property					

VI. ORIGIN (PLACE AN x IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE

Docket Number

DATE 2/28/2008

SIGNATURE OF ATTORNEY OF RECORD

R. Mules